

Partners in Tyne

Following intensive planning, a wide range of post-qualifying courses has been developed at Newcastle Polytechnic. The success of the package of courses is based on the partnership between NHS and polytechnic staff, as the authors explain.

READING Professor Armstrong-Esther's comments on the need for post-qualifying courses for nurses prompted us to outline recent developments at Newcastle Polytechnic.

Like many higher education institutions, the polytechnic's initial developments in nursing courses centred on health visiting, district nursing and the London University diploma in nursing.

Once these courses became established, a series of ambitious developments began to take shape. A multi-qualification diploma in hospital and community nursing operated successfully for many years and was the forerunner of the nursing degree course, but the subsequent end to this degree programme has wide-ranging effects within the polytechnic.

However, rather than curtail new initiatives, staff within the faculty of community and social studies were encouraged to develop a new range of courses to meet the educational needs of registered nurses and midwives within the Northern RHA.

Michael Clinton, D. B. O'Brien, R. Heyman and A. Hagel work in the faculty of community and social studies, Newcastle-upon-Tyne Polytechnic, Anthony Carr, is chief nursing officer, Newcastle Health Authority, and H. R. Cruddace is district nursing officer, Sunderland District Health Authority.

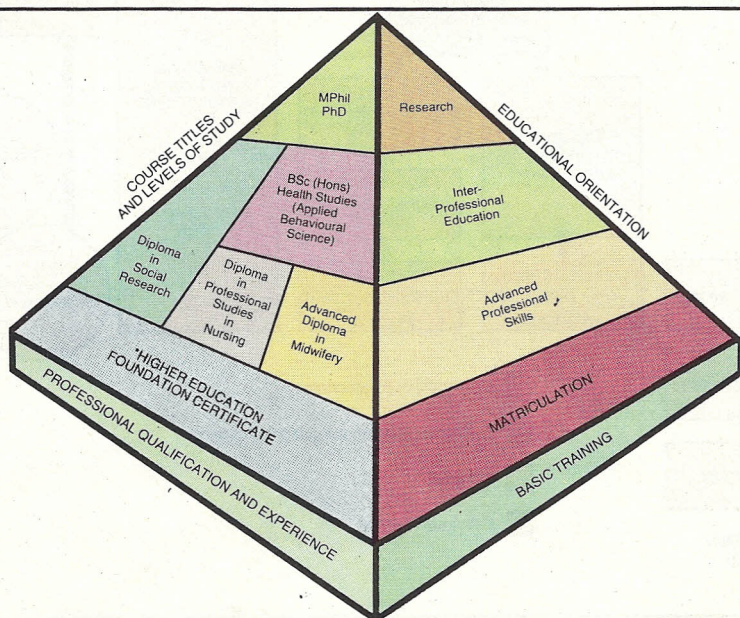
Meetings between senior officers in the region and the polytechnic helped in clarifying suitable programmes of study.

Following a period of intensive planning, the following programmes were developed:

- higher education foundation course for nurses and midwives;
- advanced diploma in midwifery (CMB);
- diploma in professional studies in nursing (CNA);
- diploma in social research;
- BSc(Hons) health studies (applied behavioural science) (CNA);
- nursing research studentship scheme.

Each programme of study is designed to develop skills relevant to the improvement of patient care, the fundamental aim of all nurse education programmes. It takes time and considerable effort to plan new courses in the higher education sector. Working parties, which included members with academic and professional expertise, take up to two years to design the courses and prepare syllabi.

The task of each working party is to plan a detailed submission document setting out the aims and objectives of the courses, a description of the people they are intended for and an educational



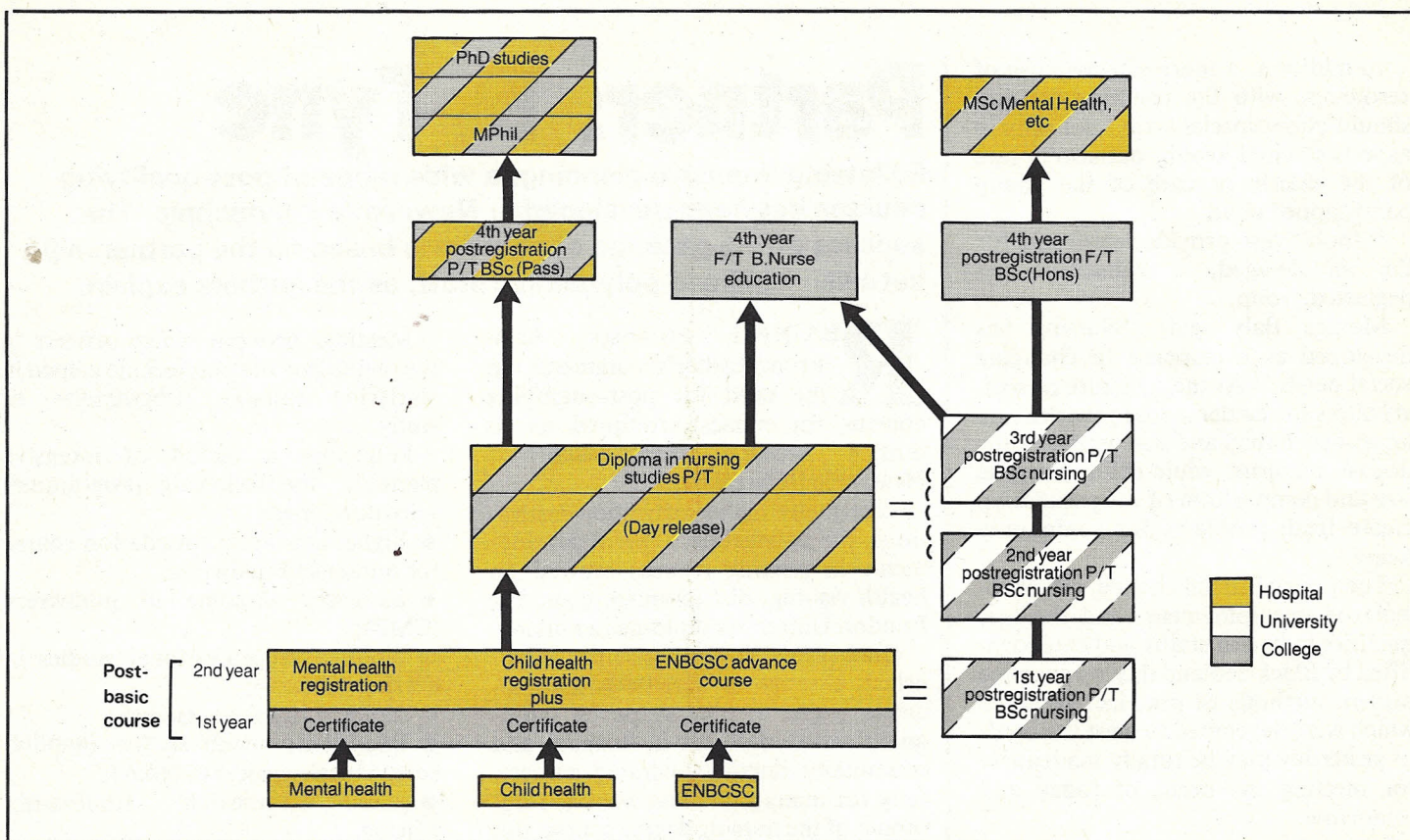


Figure 1: Advanced courses in psychiatric nursing. This first scheme shows one possible route of career development.

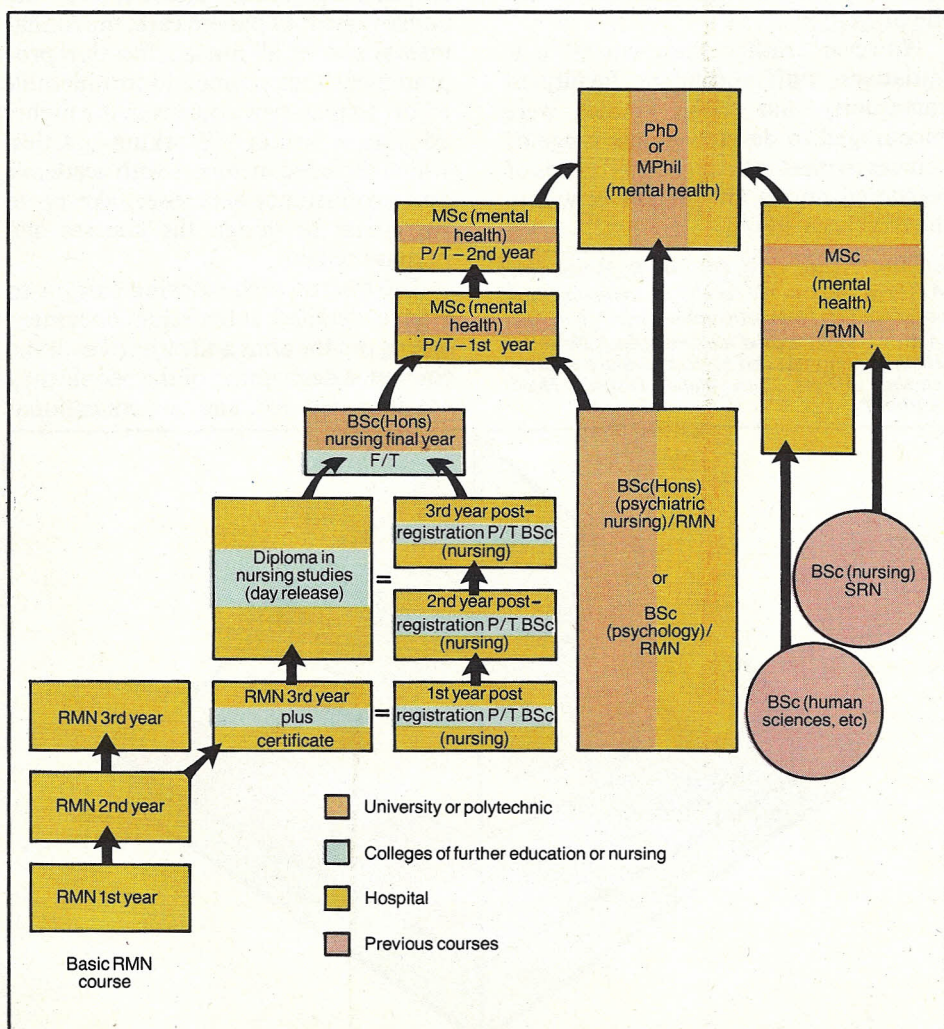


Figure 2: The second scheme shows an alternative pattern of career advancement.

The task allocation approach of their practice leads to fragmentation of care and may diminish health visitors' effectiveness.

As the Rcn society of Primary Health Care Nursing discussion document "Thinking about health visiting" points out: "The health visitor claims to be an expert in the detection of abnormality – but the fact that she may have to ask someone else to screen the child's hearing or vision hardly supports her claim, especially in the eyes of the client."

Holistic approach

It is not merely a debate between specialists and generalists. But if we, as nurses, believe in total patient care the approach should be holistic and that means district nurses and health visitors should take the same postbasic course leading to a common statutory qualification.

The ability to plan and implement nursing care does not negate or remove the opportunity to promote health, offer advice, counsel or detect abnormality.

Changes in practice and the ability to use information technology should allow the community nurse as a family visitor to monitor demographic and epidemiological trends and thus contribute to preventing illness and promoting health.

philosophy. Submission documents also include detailed syllabi and reading lists, a section on teaching methods and a discussion of assessment procedures, together with information about staff.

Producing documentation of this kind calls for consultation with a wide range of professional organisations and interest groups. After such consultations, a final draft of the submission document is prepared, which is then examined by the polytechnic's internal validation procedure before being submitted for consideration by the appropriate body, such as the Council for National Academic Awards or the Central Midwives' Board. These bodies protect the interests of professional groups and prospective students because they ensure that only courses of considerable quality are approved.

The planning of these continuing education programmes for nurses, midwives and members of other health care professions should take place in partnership because the needs of practitioners, nurse managers and educators are changing continuously and it is essential that new programmes address practice-relevant problems.

This philosophy has strengthened our relationships with NHS colleagues and contributed to the successes of the package of courses.

Polytechnic and NHS staff played complementary roles in the development of these new educational opportunities. In forming a working partnership with local health districts, we found a way to improve the continuing education of nurses, but this is not to say that no problems remain. In common with our colleagues in education everywhere, we are moving into a new era of professional development and continuing education, so we will have to face up to the issues which arise as the policies of the new central bodies emerge. We will also have to make up our minds about the future direction of our developments. Further, we will have to find ways of dealing with that perennial problem of professional education: how to integrate the theory and practice of health care delivery more closely.

We do not claim to have all the answers to these and related problems, but have forged links with our colleagues which are the foundation on which all our course developments have been built.

The courses being offered can be divided into three categories, depending on whether they are concerned pri-

marily with professional skills, inter-professional education or research, although all contain elements of each. In addition, potential students who have not matriculated may take a qualifying course, such as the foundation certificate in higher education, which is taught at local colleges of further education and validated by the polytechnic.

Professional skills' courses (the diploma in professional studies in nursing and the advanced diploma in midwifery) are concerned primarily with developing and enhancing practice-based skills in particular disciplines, while increasing the students' ability to evaluate existing practice.

The BSc(Hons) health studies (applied behavioural science), in contrast, is a generic degree course which takes a broader view of health and health problems and focuses on critical evaluation, innovation and change in health care, relating these to the students' areas of practice. The diploma in social research, MPhil/PhD programmes and the nursing research studentship scheme provide opportunities for health professionals to undertake applied social research.

Opportunities

These courses offer students a variety of opportunities for further study, as shown in the diagram. Those with a qualification in professional skills may seek a broader approach in the BSc (Hons) health studies (applied behavioural science) or move directly into research in their area via the diploma in social research. Students from the BSc (Hons) health studies (applied behavioural science) may register directly for a CNA higher degree or first complete the diploma in social research. The health studies degree and the diploma in social research may be taken in either order and any programme of supporting studies for the MPhil/PhD may include elements of each course as appropriate.

Although all the courses in the package are advanced programmes of study, candidates can only be registered for higher degrees at the discretion of the polytechnic's higher degrees committee.

These developments show the quality of the relationships which have been formed with NHS colleagues, particularly during the past three years. We have worked closely with and benefited from the assistance provided by all grades of staff – from staff nurses to chief nursing officers. The courses

which we have developed are the most visible of our achievements, but they have not been the only important factor in our strategy for improving the contribution that the polytechnic makes to continuing professional education. We are equally pleased with the successful involvement of our NHS colleagues in the development and validation of courses, which has helped to make the courses responsive to educational and service needs.

One of the advantages which has emerged from this collaboration is an increase in the requests that the polytechnic has received for more short course programmes. For example, more than 200 senior nurse managers and educationalists have recently attended a short course on the use of computers in clinical nursing which we organised. We have also provided low cost, high quality courses on communication and other skills in nursing and decision-making.

Consultancy, too, has increased as a result of the partnership with local health districts. Members of the polytechnic's staff are advising staff at different levels of the service on curriculum development and research initiatives.

This partnership is leading to a new model for integrating theory and practice. Rather than relying exclusively on joint appointments between the polytechnic and health authorities, we have developed an approach which reflects the health authority's confidence in us.

The arrangements we have made to help the students taking the diploma in professional studies in nursing course to integrate theory and practice reflect our novel approach. Each student has a senior nurse, a ward sister or nursing officer to advise them about how to relate what they learn in the classroom to their work in clinical settings. Senior nurses fulfilling this function receive support from polytechnic staff and their role is co-ordinated by a director of nursing services, or a more senior member of staff – in one health authority, this role is undertaken by the district nursing officer.

In this and other ways NHS and polytechnic staff are working to provide new educational opportunities for nurses in the north east. Together, we are looking to the future of continuing nurse education with increasing confidence □

References

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- Carr, A.J. and Clinton, M.E. (1983). "Research scheme for graduate nurses," *Nursing Mirror*, 156, 10, 29.